

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	10/16/01
2	✓	✓	10/16/01
3	✓	✓	10/16/01
4	✓	✓	10/16/01
5	✓	✓	10/16/01
6	✓	✓	10/16/01
7	✓	✓	10/16/01
8	✓	✓	10/16/01
9	✓	✓	10/16/01
10	✓	✓	10/16/01
11	✓	✓	10/16/01
12	✓	✓	10/16/01
13	✓	✓	10/16/01
14	✓	✓	10/16/01
15	✓	✓	10/16/01
16	✓	✓	10/16/01
17	✓	✓	10/16/01
18	✓	✓	10/16/01
19	✓	✓	10/16/01
20	✓	✓	10/16/01
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23	✓	✓	10/16/01
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25	✓	✓	10/16/01
26	✓	✓	10/16/01
27	✓	✓	10/16/01
28	✓	✓	10/16/01
29	✓	✓	10/16/01
30	✓	✓	10/16/01
31	✓	✓	10/16/01
32	✓	✓	10/16/01
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37	✓	✓	10/16/01
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39	✓	✓	10/16/01
40	✓	✓	10/16/01
41	✓	✓	10/16/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

11 EFT INSIDE